	HEALTH AND HUMAN SERVICES		1-6-1
	N OF HUMAN SUBJECTS RTIFICATION/DECLARATION	New Competing Noncompeting Supplemental continuation	•
ORIGINAL E FOLLO		APPLICATION IDENTIFICATION NO. (If known)	
	(previously undesigneted)	1 R01 CA43092-01	
tional Review Board (IRB) implemented by Title 45, is crification of IRB approving to the proposed respectively should submit certicity states of compliance on within 30 days of the receip.  TITLE OF APPLICATION CA. CONDITION OF A CONDITION CA. PRINCIPAL INVESTIGATO CONDITION OF A CONDITION CA. PRINCIPAL INVESTIGATO CONDITION COND	has reviewed and approved the activity Part 46 of the Code of Federal Regulational to HHS unless the applicant institution search activity. Institutions with an assistification of IRB review and approvaler the receipt date for which the applicantial with HHS covering the proposed and of a written request from HHS for certon ACTIVITY  Dietary Factors in the Etional Programment of the Program	logy of Cancer in Shanghai	Act as ubmit which posed ay be an
	THE THE STREET OF SECURITIES OF THE WILL THE		
<u>M1372</u>	Assurance identification number	01IRS identification number	
	which applies to this activity has been assable of IRB review and approval in accordance wide	ished with HHS, but the applicant institution will provide written assura h 45 CFR 46 upon request.	ines of
CERTIFICATION OF IRB R	EVIEW OR DECLARATION OF EXEMPTIO	N :	
		ith the requirements of 45 CFR 48, including its relevant Subparts. This each investigational new drug or device, (See reverse side of this form.)	certifi-
1-08-87'	Date of IRB review and approval, (If approv	el is pending, write "pending." Followup certification is required.).	
S FulliBoard Review	Expedited Review		
		iewed. The IRB has granted approval on condition that all projects dove appropriate further certification ( <i>Form HHS 596</i> ) will be aubmitted.	red by,,
	but this activity qualifies for exemption under through 51, but the institution did not design		umber
		n provided on this form is correct and that each institutes, approvals, and submissions of certification.	ıtion
	ANT INSTITUTION	COOPERATING INSTITUTION	
ame address and tele diversity of South		NAME, ADDRESS, AND TELEPHONE NO.	•
ealth Sciences Cam	pus ·		
975 Zonal Avenue,			
os Angeles, CA 90 213)224-7033	033	· · · · · · · · · · · · · · · · · · ·	
AME AND TITLE OF OFFICE		NAME AND TITLE OF OFFICIAL (print or type)	
ohn W. Thurgood, Ir epartment of Contr	nterim Director		
Sharing of outer	aces a Grenco		

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